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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>365290</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>09/23/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>KIRTLAND REHABILITATION &amp; CARE</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>9685 CHILLICOTHE RD<br/>KIRTLAND, OH 44094</b> |   |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |   |
| F 0880<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Many             | <b>Provide and implement an infection prevention and control program.</b><br><br>Based on observation and interview, the facility failed to ensure staff members were implementing social distancing while on break at the facility. This had the potential to affect all 87 facility residents. Findings include: During observation of the outside of the facility on 09/22/2020 at 11:15 A.M. with Director of Nursing (DON) Employees #100, #101, #102, #103, #104, and #105 were witnessed sitting directly next to one another smoking cigarettes and eating lunch with no social distancing. The facility was going through an outbreak of COVID-19 during this time with 11 residents and 6 staff members who were tested positive for COVID-19. Interview with DON on 09/22/2020 at 11:24 A.M. verified that these staff members were not following the social distancing guidance from the Center for Disease Control (CDC) which states the following on their website: Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. |   |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.